

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155095		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/05/2011	
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON ROAD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00088247.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure survey completed on 2/24/11.</p> <p>Complaint Number IN00088247-Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: April 4 & 5, 2011</p> <p>Facility number: 000038 Provider number: 155095 AIM number: 100274830</p> <p>Survey team: Ann Army, RN TC Diane Nilson, RN Ellen Ruppel, RN</p> <p>Census bed type: SNF: 20 SNF/NF: 140</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation. Based on past survey history and no harm identified to any resident; this facility respectfully requests a desk review in lieu of a post-survey on or after April 13, 2011</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2011

FORM APPROVED

OMB NO. 0938-0391

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	Total: 160 Census payor type: Medicare: 27 Medicaid 94 Other: 39 Total: 160 Sample: 10 This deficiency also reflects State Findings cited in accordance with 410 IAC 16.2. Quality review completed on April 6, 2011 by Bev Faulkner, RN						

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F0441 SS=D	<p>Based on observation, interviews and record review, the facility failed to provide a means to alert visitors and staff and failed to ensure the appropriate disinfectant was available for cleaning of equipment.</p> <p>as outlined in their policy for the control of Clostridium difficile (C-dif) for 3 of 3 residents with the infection in a sample of 10. Residents B, C and D.</p> <p>Findings include:</p> <p>1. During the orientation tour, on 4/5/11 at 10:11 a.m., accompanied by Licensed Nurse #8, Resident B was observed being taken to the bathroom by CNA (Certified Nursing Assistant) #7. Upon entering the resident's room with the LPN #8 and CNA #7, the resident was identified as having an infection with C-dif. No special instructions regarding entering the room were observed on the door.</p>		F0441	<p>F441 Infection ControlIt is the practice of this provider to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. However; based on the alleged deficient practice- the following has been implemented: Resident B:A sign is posted on the resident's door alerting visitors and staff to stop at the nurses station before entering room.The appropriate cleaner is being utilized to disinfect residents room.Resident C:A sign is posted on the resident's door alerting visitors and staff to stop at the nurses station before entering room.Resident D:A sign is posted on the resident's door alerting visitors and staff to stop at the nurses station before entering room.The appropriate cleaner is being utilized to disinfect residents room.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.No other residents were found to have been affectd by the alleged deficient practiceResidents presenting with a diagnosis of Clostridium difficile (C-diff)have the potential to be affected by the alleged deficient practice.Signs</p>		04/13/2011	

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	<p>CNA #7 was queried about the type of solution used to clean the items being used by Resident B, and she indicated a spray bottle of cleaner was kept in the main shower room for cleaning bedside items and the toilet. Observation of the bottle in the shower room indicated it was a Quat (quaternary ammonium) solution. There was no indication it was effective against C. dif spores or organisms.</p> <p>Housekeeper #2 was present in the hallway outside the room of Resident B, on 4/4/11 at 10:15 a.m., and was queried about the type of solution being used to clean the room of Resident B. The housekeeper indicated the spray bottle in the cart was "neutral quat" and was used in the room. There was no information on the bottle to indicate it was effective against C. dif organisms or spores.</p> <p>LPN #6, who was working on the unit on 4/4/11 at 10:20 a.m., was</p>			<p>are available at each nurses station to ensure a sign is hung on the residents door with special instructions regarding entering the room. The facility has purchased a more convenient solution with a ready to use format that is recommended by the CDC that remains stable thru the expiration date (2-years) unlike bleach solutions that begin to deteriorate immediately. This solution, "Dispatch Hospital Cleaner Disinfectant" is utilized to clean rooms and equipment that have the potential to be contaminated with C-diff organisms or spores. *Additional information will be scanned with the signature page of the 2567. Staff have been re-educated on Clostridium difficile. Education includes but is not limited to initiating contact isolation, hanging signs on doors to alert staff and visitors to stop at nurses station before entering room and the appropriate solution for effective cleaning. Upon discovery of infectious C-Diff; the following takes place: 1.) The resident is placed in a private room 2.) A sign is hung on the resident's door alerting staff and visitors to stop at the nurses station before entering the room. 3.) Staff use "Dispatch Hospital Cleaner Disinfectant" to clean the room and equipment that has the potential to be contaminated with C-diff organisms or spores. What</p>			

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	<p>queried about the type of chemical being used for the equipment such as sphygmomanometer (blood pressure monitoring equipment). She provided a canister of pre-saturated "wipes" from the medication cart and indicated the "wipes" were used for equipment sanitization. The information on the canister did not indicate the product was effective against C. dif organisms or spores.</p> <p>The clinical record of Resident B was reviewed, on 4/4/11 at 1:30 p.m., and indicated a stool specimen for C. dif had returned with a positive result on 3/24/11. She was receiving Flagyl 500 mg three times a day for the infection.</p> <p>Resident B was observed on 4/4/11 at 1:55 p.m., receiving care following an incontinent bowel episode. The fecal material was loose and watery with a foul smell. CNA #7, who was assisting the resident, indicated</p>				<p>measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Signs are available at each nurses station to ensure a sign is hung on the residents door with special instructions regarding entering the room. The facility has purchased a more convenient solution with a ready to use format that is recommended by the CDC that remains stable thru the expiration date (2-years) unlike bleach solutions that begin to deteriorate immediately. This solution, "Dispatch Hospital Cleaner Disinfectant" is utilized to clean rooms and equipment that have the potential to be contaminated with C-diff organisms or spores. Staff have been re-educated on Clostridium difficile. Education includes but is not limited to initiating contact isolation, hanging signs on doors to alert staff and visitors to stop at nurses station before entering room and the appropriate solution for effective cleaning. Upon discovery of infectious C-Diff; the following takes place: 1.) The resident is placed in a private room. 2.) A sign is hung on the resident's door alerting staff and visitors to stop at the nurses station before entering the room. 3.) Staff use "Dispatch Hospital Cleaner Disinfectant" to clean the room and equipment that has the potential to be</p>		

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	<p>the resident was continuing to have loose stools. CNA # 7 was wearing the appropriate protective equipment.</p> <p>2. Residents C and D were identified by the Unit Manager as having infections, on 4/4/11 at 11:00 a.m. These two residents were on a hallway at the opposite end of the building from where Resident B lived.</p> <p>The rooms where Resident C and D lived were across from each other and on 4/4/11, there was no sign on the door of either room to indicate any special information was necessary for visitors.</p> <p>Housekeeper #4 who was cleaning in the hallway, on 4/4/11 at 11:45 a.m., where Residents C and D lived, was queried about the chemical used for cleaning the room. She provided a bottle of the same type of quat solution as the housekeeper on Resident B's hall</p>				<p>contaminated with C-diff organisms or spores. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: A CQI monitoring tool titled "Clostridium difficile" will be utilized every week x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed. Non-compliance with facility procedure may result in disciplinary action up to and including termination. Completion Date: April 13, 2011</p>		

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	<p>had been using. She identified the solution as "TB Quat."</p> <p>The clinical record of Resident C was reviewed, on 4/5/11 at 9:30 a.m., and indicated he had been admitted to the facility 3/24/11, with orders for Vancomycin 125 mg every six hours. The order indicated the last dose was on 4/4/11 and a stool specimen was to be checked 48 hours after the completion of the antibiotic. The resident was in precautions until the final specimen report, which had not been completed at the time of the survey.</p> <p>The clinical record of Resident D was reviewed, on 4/5/11 at 8:20 a.m., and indicated she had been admitted on 3/29/11, with diagnoses which included, but were not limited to: hypertension and diarrhea from a C. dif infection. She was receiving Flagyl 500 mg three times daily for the infection and the medication was to continue for 14</p>						

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	<p>days.</p> <p>During an interview with the LPN#9, on 4/5/11 at 9:00 a.m., she indicated Resident D was continuing to have loose stools.</p> <p>3. The facility policy for Clostridium difficile, dated 12/28/10, was provided by the housekeeping supervisor, on 4/4/11 at 11:40 a.m., and indicated, in part: "E. 4. Place sign at doorway to [sic] instructing visitors to report to nursing station before entering room." None of the rooms had signs on the doors on 4/4/11, but did have them on the morning of 4/5/11 at 8:20 a.m.</p> <p>The policy also indicated "Disinfectant solution must be a 1:10 dilution. Nine parts water to one part bleach (hydrochloride-solution.)" The solution which had been used was not a bleach solution. On 4/5/11 at 8:30 a.m., Housekeeper #3, who</p>						

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	<p>was cleaning outside the rooms of Resident C and D, was queried about the solution being used in the two rooms with the signs on the doors. He provided a spray bottle from the cleaning cart which had on it "1 part bleach and 10 parts water." This was not the information of 1 part bleach and 9 parts water as indicated in the policy.</p> <p>The Director of Nursing indicated, on 4/5/11 at 2:20 p.m., the facility had inserviced 75 of approximately 250 staff members about proper C dif infection control, and would be continuing until all had received the information.</p> <p>3.1-18(b)(1) 3.1-18(b)(2)</p>						